

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: HALIFAX COUNTY CDF Permit: 4204 - CDF ID: P0802
Facility Website (URL): HALIFAXNC.COM - 1998

Physical Address		Mailing Address	
Street 1:	<u>921 LILES RD</u>	Street 1:	<u>P.O. BOX 70</u>
Street 2:		Street 2:	
City:	<u>LITTLETON</u>	City:	<u>HALIFAX</u>
County:	<u>HALIFAX</u>		
State:	<u>North Carolina</u>	State:	<u>North Carolina</u>
Zip:	<u>27850</u>	Zip:	<u>27839</u>
Primary Facility Contact Person		Billing Contact Person	
Name:	<u>LARRY D. GARRISS</u>	Name:	
Phone:	<u>252-584-7514</u>	Phone:	
Fax:	<u>252-584-2685</u>	Fax:	
Email:	<u>SDWASTE@EMBARQMAIL.COM</u>	Email:	

1. Tipping Fee: \$ 47.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax? ☒ Yes ☐ No

3. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection ☒ Scrap Tire Collection ☒ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

☒ Paper _____ tons ☐ Fluorescent lightbulbs _____ tons ☐ Used oil/oil filters _____ tons ☒ Steel Cans _____ tons
☐ Cardboard _____ tons ☒ PETE (#1) Plastic _____ tons ☒ Aluminum Cans _____ tons ☐ Other Metal _____ tons
☐ Wood _____ tons ☒ HDPE (#2) Plastic _____ tons ☒ Computer Equipment _____ tons ☒ Televisions _____ tons
☒ Glass _____ tons ☐ Concrete/rubble/asphalt _____ tons ☐ Gypsum/drywall _____ tons ☒ Other Plastic _____ tons
☐ Shingles _____ tons ☒ Other (specify) ① SINGLE STREAM RECYCLABLES COLLECTED ①
7 - CONV. CENTERS - 7.56 TONS

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

4. Date Facility Last Surveyed: 5/25/12
 5. Airspace Used (cubic yards): 94,025
 6. Total Tons Disposed in Airspace Used (tons): 72,561

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

① - APPROX 17000 - 245 GAL. PESTICIDE CONTAINERS

8. Total waste landfilled at this facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received From	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
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[illegible]

Grand Total 6642.11

Facility Name: NALLEAX CO. CRLF LANDFILL Permit: _____
 Address: 921 LINES RD.
 City: LITTLETON State: North Carolina Zip: 27850
 Person completing Assessment: LARRY D. GARRISS Date: 7/25/12
 Phone Number: 252-586-7516 Fax: 252-586-2685 Email: SOLIDWASTE@EMBAANAMAIL.COM

Instructions:

Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the Edge of Waste (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
 If Yes, how many? _____
 What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
 If Yes, how many? _____
 What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
 If Yes, how many? _____
 What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
 If Yes, how many? _____
 What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
 Please list the names of the water bodies: _____
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
 If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? 2 FLARES ☒ Yes ☐ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☒ Yes ☐ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☒ No
 If Yes, what is the specific remedial technology used? _____

Comments

BREWERS CREEK RUNS THRU L/F PROPERTY - ALL WATER MONITORING BOTH WELL & SURFACE - SHOW NO CONTAMINATION.

9. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No
If yes, indicate the following:

Name: LARRY D. GARRISS Certification type and expiration date: MOLO - 59084
Name: MARVIN J. PATTERSON Certification type and expiration date: OPER. SPEC. - LF-2001361R
Name: EDGAR P. STANFIELD Certification type and expiration date: OPER. SPEC. - LF 2001362R
Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____

10. Comments, suggestions or notes:

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Larry D. Garriss Date: 7/25/12

Name: LARRY D. GARRISS Title: OPER. MGR

Phone Number: 252-584-7514 Email: SOLIDWASTE @ EMBARRMAIL.COM

Halifax County Landfill

2011-12 Annual Report Information

C&D Landfill (Area 1):

4. Date Facility Last Surveyed: 5/25/12
5. Airspace Used (cubic yards): 94,025
6. Total Tons Disposed in Airspace Used (tons): 72,561

Ash Monofill (Cells 1 & 2):

4. Date Facility Last Surveyed: 5/25/12
5. Airspace Used (cubic yards): 640,001
6. Total Tons Disposed in Airspace Used (tons): 433,290